STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
Village or City Capital Heights	NoSt., Ward
Length of residence in city or town where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. 6 a fulfol Heights (Usual place of abode)	St., Ward. Mod. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) 5. I married, widowed, or divorced The second of the second or divorced	21. DATE OF DEATH 20 , 193 2 (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, 2.3. hrs. ormin.	to have occurred on the data stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked at Town 11. Total time (years) this occupation (months and	Chronic Vallebor heart Deslare found dead
10. Date decessed last worked at this occupation (month and year) 11. Total time (years) spant in this occupation (month and year) 12. BIRTHPLACE (city or town) Maskington & C. (Stata or country)	Other Contributory Causes of Importance:
13. NAME John Busey	
14. BIRTHPLACE (city or town)	Neme of operation Date of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Jane & Dela Vergue 16. BIRTHPLACE (city or town) - Montagomery Cy (Stata or country)	23. If death was dua to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicida?
17. INFORMANT MAN Sarua Busly (Address)	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Place Resolution De Date 20 1932	Manner of Injury
19. UNDERTAKER FOR Co Chargen St mm	24. Was disaase or injury in any way related to occupation of deceased? If so, specify Oxers Ti. Proce acting Gorono.
20. FILED MIVE & D, 1982 Grace dlow Registrar.	(Signed) M. D. P. L. M. D. M.
If more blanks fre needed, Address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY,

FOR BINDIA

MARGIN RESERVED

1. PLACE OF DEATH	CERTIFICATE OF DEATH 12158
p 1	2 16
14.1107.	Registration Dist. No.
Village or City Yourse (I	No. 3700 — 29 — St., Walf death occurred in a hospital or institution, give its NAME instead of street and number) s. 20ds. How long In U.S. if of foreign birth?
11/ 1	
2. FULL NAME Mary Rebecca Chr	isman 1 1 6 0 -
(a) Residence: No. (Usual place of abode)	St., Ward. Weekless &
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (gerise the word)	21. DATE OF DEATH November 1932 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
5. DATE OF BIRTH (month, day, and year) Felresans 24th. 1861	War X 32
6. DATE OF BIRTH (month, day, and year) Flore any 24 - 186/ 7. AGE Years Months Oeys If LESS than	I last saw h alive on
I dayhrs.	
8. Trada, profession, or particuler	Ogte of ones
kind of work done, as SPINNER, School Teacher	Chrone myrearditis 1931
9. Industry or business in which	J
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Dete deceased last worked at this occupation (month and	
10. Dete deceased last worked at this occupation (month and yeer) 11. Total time (yeers) spant in this occupation 1. 2.00	,
(State or country) Berkeley Country	Other Contestatory Causes of importance: Cardin-vascular-und 1931
13. NAME GRADE A Chairmant	
13. NAME George a. Chrisman 14. BIRTHPLACE (city or town) Talling Waters	1000
(State or country) IN. Vd. Berheler court	Name of operation Oata of Oata of
15. MAIDEN NAME Mary Eliza Lingan felter	Whet test confirmed diegnosis?
IS DISTURDED OF CHARLES AND	23. If death was due to axternal causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Heraes vill. (State or country) W. 172. But of pu (ountry)	Accident, suicide, or homicida?
11 P Do to	Whare did Injury occur? (Specify city or town, county and State)
7, INFORMANT BOX CO. (Address)	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manage of the control
Place Hedgewillew Dagate Mor 10/1932	Manner of injury
9. UNDERTAKER J. Jasches Jone	24. Was disease or Injury in eny way related to occupation of deceesed?
(Address) Systathrille mid	If so, specify
O FILED UN 10 By Kan haller M. A.	(Signad) and M. Chaeff M.

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU V.	3. 3		
The way was a state of	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	,		H. E. D.

PHYSICIANS should state RECORD. Every item of Exact statement stated EXACTLY. IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDIA See instructions on back of certificate. -WRITE PLAINLY, WITH UNFADING INK-THIS be AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important.

V. S. No. 1

ż

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12159
1. PLACE OF DEATH	(207-77)
County (ruce x longe Count	Grand, Registration Dist. No. 243
Village or City Aughor Bridge	NDSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME WILLIAM COL	2 + 4
(a) Residence: No. Dowie Md,	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DYORCED (Tree the word) 5a. If merried, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
7-1 2 1922	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days if LESS than	to have occurred on the date stated above, all 2
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Par at Hak Bras Pa Lie Co
Industry or business in which work was done, as SILK MILL.	and Killed is startly
A Name of Work done, as SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and sound in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security is security in the security in this security is security in the security in this security is security in this security is security in the security in the security	while on said tracks
this occupation (month and spant in this year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or county)	
II 13. NAME TOMAN Consecut	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME TOWN Lawkins	23. If deeth was due to external causes (VIDL ENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident. Date of injury 700, 10, 19 32
(State or clunity)	Where did injury occur? John Gradge Md (Specify city detown, county and State)
17. INFORMANT (Address) Bow-ie Wa	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, SREMATION, OR REMOVAL Place Downe Md - 1 Date 12 1932	Manner of injury
19. UNDERTAKER AL- Lading Long	Nature of Injury24. Wes disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED 20 12 19 > 2 & 2 / aucusom	Q (Signed) Moak & Wright J. P. M. D.
Registrar.	(Ardress) accting Coroners. Bowie Ind

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 2 1932	July 5,1927	Peritonitis	3 days ago
BURMAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHTSICIANS should state r RECORD. Every item of infor-Exact statement of OCCUPA. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TITH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. mation should be carefully supplied. WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH
2	(106-fr)
County Truis es Seonado	Registration Dist. No.
Village or City near Musalto rille	Mo. St. Wa f death occurred in a hospital or institution, give its WAME iostead of street and number)
Length of residence in city or town where deeth occurred	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Eller might Coo	lidge-
(a) Residence: No. Washington D.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased fr
(or) WIFE of	Otoler 11 1931 to Mor 7 193
5. DATE OF BIRTH (month, dey, and yeer) Cycul \\- 1850.	I lest saw here alive on 1932 death is s
AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 5.3 o QM
82 6 26 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence
8 Trade profession or particular	Date of on
sawyer, BDOKKEEPER, etc. Total House Keeper	Tulmonary abous 10/11.
9. Industry or business in which work wes done, es SILK MILL,	Y
SAW MILL, BANK, etc.	-
10. Date decessed lest worked at this occupetion (mont) end yeer)	
	Other Cautributary Causes of importence:
2. BIRTHPLACE (city or town) (State or country)	Manu Manu
13. NAME Lang Corlidge.	Chrevee A a line had you
	Neme of operation May Date of
(Stete or country)	What test confirmed diegnosis? Manager Westhere en eutopsy?
15. MAIDEN NAME Leonora Cassin.	23. If deeth wes due to externel ceuses (VIDLENCE) fill in also the following:
15. MAIDEN NAME Leonara Cassin. 16. BIRTHPLACE (city or town) - L. C.	Accident, suicide, or homicide? Dete of injury19
(Stete or country)	Where did Injury occur?
7. INFORMANT THE THE ASSESS TO SEE THE ASSESS TO	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
IS. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Wash. Date nov. 7, 193 >	Neture of injury
9. UNDERTAKER JOS. Lawles Sons Inc. 1.	24. Was diseese or Injury in any way related to occupetion of deceesed? _ ^ Q
(Address) 1754 Por 1000 11 15	If so, specify^
hard" of he	(Signed) July haleman M
20. FILED ILLY 1932 IVVO SONER	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	Ji	Example II	* **
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis - C 730	3 days ago
and side.			
40,			
Other contributory causes of importance:		Other contributory causes of importance;	
Gallstones	May 1,1923	Gastroenteritis	1 year
My My			
de fina			
~ /6 ~			

(46)		-
	Registration Dist. No. 2	37
		1
No.	St.,_ itution, give its NAME instead of street as	ward number)
	f of foreign birth?yrs	
nels		
St., Ward.	If nonresident give city or town	and State
MEDICAL	CERTIFICATE OF DEATH	
L DATE OF DEATH	12	
	(Month) (Day)	, 1938 Z
	(Month) (Day)	(Yeer)
HEREB	Y CERTIFY, That I attand	dad deceesed from
	, 1932, to Mar X	
	2000 ZZ- 193	
	eted above, et ZAm.	, , , , , , , , , , , , , , , , , , , ,
	ATH and related causes of Importance	
were as follows:	ALL and Jeratad Causas of Importance	Date of onset
Careman	ua y fiver	www
		1931
Other Contributory Causes of Im		
	Date o	
Whet tast confirmed diagnosis?.	Was thare	an eutopsy? 40
3. If death was due to external	causes (VIOLENCE) fill in also the follow	wing:
Accident, suicide, or homicide?.	Date of Injury	, 19
Where did injury occur?		
Consider whather Injury occurred	(Specify city or town, county and in INDUSTRY, in HOME, or In PUBLIC	State)
specify whethat injury occurred	THE THOOSEN, IN HOME, OF THE COLIC	I LAUL.
Mannar of Injury		
Nature of injury		
4. Was disease or Injury In eny	y way related to occupetion of deceased?	
If so, specify		
(Signad)	looures	
(Addrass)	agelance Mil	R
IN. Charles Street, Baltimore.		
I IV. (naries street, Dalitmore,	Trequesting U. J. 140. 1.	

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Chronic interstitial nephritis	₹,	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
			e	111
Other contributory causes o	f importance:	Captor L	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state WITH UNFADING INK -THIS IS A PERMANENT RECORD. Every item of infor-Exact statement stated EXACTLY. properly classified. FOR BINDIN MARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be WRITE PLAINLY,

N. B.

See instructions on back of certificate.

TION is very important.

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12162
1. PLACE OF DEATH	(91)
/ County Januce George	Registration Dist. No. 235
Village or City Selver Hell f	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME New Your Cornwell	
(a) Residence: No. (Usuaj place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the stord) White White	21. DATE OF DEATH Weller (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Cornwell	22. I HEREBY CERTIFY. That I attended deceased from Nov 20 ,1932-to 24 ,1932
6. DATE OF BIRTH (month, dey, end year) (Oct 21) - 1857	I last saw have alive on Low 24
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at
75 1 - 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	ardio-Renal Oate of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc Sawyer	1/ascular Disease years?
Sindustry or business in which work wes done, as SILK MILL, Chicken	V
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Yurayura (State or country)	Other Contributory Causes of importance:
13. NAME Zucknown	
13. NAME Zurkurururururururururururururururururur	Name of operation
(State or country)	What test confirmed diagnosis?
置 15. MAIOEN NAME	23. If death was due to external causes (ViDLENCE) fill in also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of Injury, 19
∑ (State or coun!ry)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Max & Chuler (Address) Selver Hell 2010	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piece Washington Oate Mor 28 19.3-2	Nature of injury
19. UNDERTAKER Francis Justing Some	24. Was disease or injury in any way related to occupation of deceased? . 20-
20. FILED 1/ / 2:4, 19 32 & O Minea	(Signed) Mm B Wonafray M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	,		
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	4100
1	1. PLACE OF DEATH		-
	County Muce Herge	Registration Dist. No.	2
		No. St., death occurred in a horpital or institution, give its NAME instead of street and nu	
	Length of residence in city or town where death occurred 2yrs 3mos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
	2. FULL NAME Mrs Louise Demps	ey a	
	(a) Residence: No. Webledge and (Usual piete of abode)	St., Ward. If nonresident give city or town and S	
-	PERSONAL AND STATIST CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Aate
1.	SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	Levale white OR DIVORCED (write the word)	(Month) (Day)	193 (Year)
5a	/HUSBAND of	22. I HEREBY CERTIFY, That I attended do	
-	(or) WIFE of Wm. H. Demposers	aug 1930 10 Nov. 14	1932
6.	DATE OF BIRTH (month, day, and year) June 140, 1850	1 last saw before alive on June 9 1932;	deeth is said
7.	AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at	
	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
S	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	hacture right hep (communited	10/21/3.
PATION	9. leddustry or business in which	intertrockaderics with muel	
DUUDO	work was done, as SILK MILL. SAW MILL, BANK, etc	Businous / write	11/12/8
5	10. Date decesed last worked at this occupation (month end year)	Carbiar dela fatur	In/less
_	Wal to	Other Contributors Causes of importance:	lada
12	(State or country)	actives agorisans	17020
T'	13. NAME andrew 4. Joyce	V	
FAIH	14. BIRTHPLACE (city or town) Montally	Name of operation Date of	
-	(Stete or country)	What test confirmed diagnosis?	topsy?
חבת	15. MAIDEN NAME Travels Nyrus	23. If death was due to external causes (VIOLENCE) fill in also the following:	
2	16. BIRTHPLACE (city or town) Washington (State or country)	Accident, suicide, or homicide? Date of injury / 0/2/	, 19.32
	H. b.	Where did injury occur? Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY in I)
17	(Address) 245/07 26 N. W. 10 Po	Sustitution	UE.
18	BURIAL, CREMATION, OR REMOVAL	Manner of injury . Fall while wandering about	word.
	Place Washington Date Nov. 15, 1932	Nature of injury tracture right life.	
19	UNDERTAKER W. Warren Jaltarule	24. Wes disease or injury in any wey related to occupation of deceased?	no
	(Address) 3619-14-7-W. Work, DZ.	If so, specify Others Could be seen to the	7
20	FILED Y LY 15 19 32 YMO TO DONUS Registrar.	(Signed) William Market Market Mr. 6.	M. D.
		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	
	V		

ITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-FOR BINDIN

MARGIN RESERVED

B.—WRITE PLAINLY,

ż

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy A LV Rales	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis : Company	3 days ago
		GBARDEN	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
Saturt was expend to bed with arthretis deformand. Might of Got. 21, 1932 her muse
left her for Darrest hound and on returning an hourd latin found how line helplen
low flood. Kray confirmed presence of fraction. no apple ander other things would
logg were uped. mitel 5 days agait appeared! that patient would live.

MARGIN RESERVED FOR BINDIN

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.
--	--

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1210	4
1. PLACE OF DEATH		X
County Prince Yenges	Registration Dist. No. 230	
Village or City Suaryn acc	ND	Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and numb-	er) de.
2. FULL NAME Steleting Herre	,	
(a) Residence: Np.	St., Ward,	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word)	21. DATE OF DEATH (Month) (Day) , 198	2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decea	sed from
6. DATE OF BIRTH (month, dey, and year)	I last saw h alive on	th is sald
7. AGE Yeers Months Days If LESS than I day,hrs. ormin.	to have occurred on the date stated ebove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	were as follows:	e of onset
kind of work done, as SPINNER, Cluid SAWYER, BOOKKEEPER, etc.	Pelugling Sell 11	10/32
Mindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
11. Total time (years) this occupetion (month and spant in this		
12. BIRTHPLACE (city or town) Beruge (State or country)	Other Coutributory Causes of importance:	
14. BIRTHPLACE (city or town) they deuler Par	Name of operation Date of	
(State of Country)	What test confirmed diagnosis? Was there an autops	bb
15. MAIDEN NAME May E. Cheracy	23. If death was due to external ceuses (VIDLENCE) fill in also the following:	
15. MAIDEN NAME Mary E. Cheracy 16. BIRTHPLACE (city or town) Kousas (Stete or country)	Accident, suicide, or homicide? Date of injury, Where did injury occur?	19
17. INFORMANT MAR BOLLING SCHOOL STATES	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place / Serving Mit Date Nor 10-, 1932	Nature of Injury	
19. UNDERTAKER J. G. Cherry (Addiess) Bandan Mil	24. Was disease or Injury In any way related to occupation of deceased	
2D. FILED NOV-10-, 1932 Some D. Smitha. Registrar.	(Signed). W. Gleen Guffett	M. D.
If more blanks are needed address State Personne	Charles Caret Publisher P. C. N.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example I		Example II	
The principal cause of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC 5 1932	1915	Attack of epilepsy	1 week ago
Chronie interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREARES	July 5, 1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones	10 to	May 1,1923	Gastroenteritis	1 year
	w w			
·				

4	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12155
1. PLACE OF DEATH	<u> </u>
County Pr. Seo	Registration Dist. No. 2 3 4
Village or City Broad Ozelk	NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Still born infant	Duckett
(a) Residence: No.	St., Ward. If nonresident give city or town and State
(Usual place of abode)	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I ettended decessed from
(or) WIFE of	, 19, to, 19,
6. DATE OF BIRTH (month, day, end yeer) foremble 10 1932	l iest saw h; death is said
7. AGE Years Months Days If tESS than	to have occurred on the date stated above, at
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	(Unprown)
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et bis occupation (month end spent in this	
10. Date deceased lest worked et this occupation (month end year)	
12. BIRTHPLACE (city or town) Bruch Breek (State or country)	Other Contributory Causes of importanco:
13. NAME Gardie Duskett	
13. NAME Sandle Willett 14. BIRTHPLACE (city or town) (State or country)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME HOLMING PROMONDAL	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME HOSSIA Praishall 16. BIRTHPLACE (city or town) (Stete or country) (Stete or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Gardie Buckett	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Menner of Injury
Place Pholocology Date VI UV 14, 193	Nature of injury
19. UNDERTAKER Sandie Duckett	24. Was disease or injury In eny wey related to occupation of deceased?
1 11 20. 61) 40 41	(Signed) Trends Housel Bleg.
20. FILED NOV. (1, 190 h) Tena Voull	(Address) Pine of Tollars of Of

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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l	Example II	
Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteruis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis

state Exact statement of OCCUPA. T RECORD. Every them of infor-PHYSICIANS should stated EXACTLY. properly classified. TH UNFADING INK-THIS IS A PERMANE MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, V. S. No. 1 ä

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STATE OF MA	ARYLAND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		93:2)')
County Prince Dea	egu	Registration Dist. No. 240	
Village or City Branks	ne	NoSt.,	Ward
Length of residence in city or town where death occurred		I death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmos	ds.
2. FULL NAME Georgia L	Jasheney	tow Enely	
(a) Residence: No. Buladyae (Usuai	place of abode)	St., Ward. If nonresident give eity or town and State	
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
I OR DIV	MARRIED, WIDOWED. ORCED (write tha word)	21. DATE OF DEATH Average 3	
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	Earl	22. HEREBY CERTIFY, That i attended deceased	
	1	2007	32.
6. DATE OF BIRTH (month, day, end year) Feb. 1 7. AGE Years Months Days	1 .	Wast saw her alive on OCF. 31, 1932; death	is said
7. AGE Years Months Days	1 day has	to have occurred on the date stated above, at	
9 Trade profession or particular	ormin,	were as follows:	
Name of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	sessice o	1111	26
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Dato deceased last worked at this occupation (month and		Il Datatery Heart 19	32:
10. Dato deceased last worked at this occupation (month and year)	otal time (years) spent in this occupation	f	
12. BIRTHPLACE (city or town) Tourstwee	u.	Other Contributory Causes of Importance:	
(State or country) Marylan	ud	Jerung.	
13. NAME William J. B.	eru	Ī	
13. NAME William J. B. 14. BIRTHPLACE (city or town) Facution	ivet	Name of operation Usug Date of	
(State of country) Warry	and .	What test confirmed diagnosis?	les
15. MAIDEN NAME & lega Bece	4	23. If death was due to extarnal causes (VIOL ENCE) fill in also tha following:	
15. MAIDEN NAME Eliza Rece 16. BIRTHPLACE (city or town) Faceste (State or country)	ileu	Accident, suicide, or homicide?, Date of injury, 19_	
17. INFORMANT If or If Early	and	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) & Transferred	ned		
18. BURIAL, CREMATION, OR REMOVALY Place To Carlesse Med., Date 1	Cocr. 5- 1937,	Manner of injury	
19. UNDERTAKER Janutt & Ryo (Address) Falder His	w,	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED PLOV. 5, 1932 Phrs. J. K.	Smith Local Registrar.	(Signed) Colord III Complete (Address) 3109 16 72 Delle Wood W	M. D.

If more blanks are worded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy . CA GVIIA	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Jau	3 days ago
		GSAISO 3M	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

10			

ate	STATE OF MARYLAND—	CERTIFICATE OF DEATH 12157
st UP	1. PLACE OF DEATH	(58)
occ	County mee George	Registration Dist. No. 230
should	Village or City Beltsville	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
t/s	Length of rasidence in city or town where death occurred/mos	ds. How long in U.S. if of foreign birth?yrsmosds.
emen	2, FULL NAME Sarah Hrances	Hlora
STC	(a) Residence: No. Beltwelle mid	St. Ward.
N N	(Usual place of abode)	If nonresident give city or town and State
Xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
⊁. _⊠	3. SEX male 4. COLOR OR RACE OR DEVORCED (white word)	21. DATE OF DEATH
CTL iffed.	5a. If marriad, widowed or divorced	(Month) (Day) (Yaar)
4 88	(or) WIFE of Fred Alna	22. SUPEREBY CERTIFY, That I attended deceased from
6 C P	6. DATE OF BIRTH (month, day, and year) Oct (1, 1872	Hast sow her aliva on how 5 1952 daath is said
<u> </u>	7. AGE Yaars Months Days If LESS than	to have occurred on the date statad above, at 7:30 Pm.
stated proper] ertifica	60 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
be sta be pro of cert	8 Trade profession or particular	Ware as follows: Hypernef broma with Test
it may h	9. Industry or business in which work was done, as SILK MILL.	generalized metasteses
on on	True occupation builders bare 11 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
that ons	year) occupation	Other Contributory Causes of importance:
erms, so tha instructions	12. BIRTHPLACE (city or town) Montgone les les (State or country) (chap)	Seconday anaemia 1932
nst	13. NAME william John Hinton	
4)	13. NAME william John Hunton 14. BIRTHPLACE (city or town) Class montgoneny	Nama of operation Quite of
See	(Stata or country) &c. Ind	What test confirmed diagnosis? Was there an autopsy?
. F	15. MAIDEN NAME Imma France hyler.	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
EATH in important		Accident, suicide, or homicide? Oate of Injury 19
DEATH y import	O 16. BIRTHPLACE (city or town) Monthly Color	Whara did injury occur?
i E	7 1/2/	(Specify city or town, county and State)
AA	(Addrass) Beltwille and to	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
_	18, BURIAL, CREMATION, OR REMOVAL	Manner of Injury
CAUSE TION is	Place Forest alu Ny Data Nov 8 19 37	
CAUS	Phys Hair	Natura of Injury
TI	19. UNDERTAKER 1. T. J.	24. Was disease or injury in any way related to occupation of dacaased?
	11 August 1100	(Signed) The fert S. A Coney M. O.
	20. FILED 200 7- , 1932- J. D. Donthe Resistrar.	(Addrass) Farrel med.
	Acgustas.	(11VU1U00) A. J

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

MARGIN RESERVED FOR BINDIN

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 12158
1. 6	93-0
county (mceyeorge)	Registration Dist. No. 2 43
Village or City E. Warrerdale	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Commiestacia	tord
(a) Residence: No. Columbia Doad (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the wird)	21. DATE OF DEATH Oversler 1 193 2 (Month) (Day) (Pear)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Above 18 Tennel	21) HEREBY CERTIFY, That I attended deceased from
1	July 1 1932, to 100 14 , 1932
6. DATE OF BIRTH (month, day, and year)	(A lest saw h
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 6.50 f.m.
7 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Uate of onse
SAWYER, BOOKKEEPER, etc.	Challmoearchio:
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	nie /
SAW MILL, BANK, etc	Curso. Quarties: Tenknown.
year)occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) W. V. g.ma	-
(State or country)	
13. NAME Facobo Jomps.	
13. NAME Jacob Jonney. 14. BIRTHPLACE (city or town) Sancabler Da.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Cylhia solvan	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Cylina Sloan 16. BIRTHPLACE (city or town) Andrew Cylina Charles (State or country)	Accident, suicide, or homicide?Oate of Injury
(Stete or country)	Where did injury occur?
Plate RT-	(Specify city or town, county and State)
17. INFORMANT Markey Condition (Address) E. Royandall	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Moslandon NC Date Nov 14/19.32	Manner of injury
11000 11000 110 110 110 110 110 110 110	Nature of injury
19. UNDERTAKER J. Jasche Gone	24. Was diseese or Injury In eny way related to occupation of deceased?
(Address) Blyattsvelle m &	If so, specify
20. FILED Por 16, 1932 Mrs Jas Dovers. Registrar.	(Signed) John Malgney M. [(Address) Shjattsville, and
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

CEDTICICATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
of importance were as follows: Arteriosclerosis Chronic interstitial nephritis Cerebral hemorrhage	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	. PLACE O		STATE C	F MAR	YLAND—	CERTIFICATE OF DEATH
	County P	rin	ce Georg	е		Registration Dist. No. 24
	Village or (Vegattave entry or town where o	lle MA		f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2	. FULL NA	ME	Catherin	e Galla	her	
A	(a) Residen	nce: No.	5224 7	th St. (Usualplace	N. W. Was	5h.S., C. Ward. If nonresident give city or town and State
		AL A	ND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
-	emale		or or RACE		RIED, WIDOWED, D (write the word) e d	21. DATE OF DEATH (Month) (Day) (Year)
5a.	tf married, widow HUSBAND of (or) WIFE of ∫		llus C.	allaher		28. I HEREBY CERTLEY, That I ettended deceased from January 5 1932 to November 24 1932
6.	DATE OF BIRTH	(month, d	ley, and year) De	c. 14.	1855	VI last sew her alive on Norteentar 2 2, 1932; deeth is sald
7	AGE Yea	BIS	Months	Days	If LESS than	to have occurred on the dete steted above, at 9. a.m.
		76	11	10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			ousewif	e	Corana Throntosio (my ocardita
0	10. Date deceas this occu yeer)	petion (m		11. Total t spe occ	ime (years) nt in this upetion	
12.	BIRTHPLACE (ci (Stata or cou		Balt	imore	Md.	Other Contributor Causes of importance:
2	13. NAME JO	hn I	Ryan			
FATHER	14. BIRTHPLACE	E (city or r country)		reland		Name of operation
ER	15. MAIDEN NA	ME N	ora Qui	nn		23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following:
MOTHER	16. BIRTHPLACE (State or	E (city or r country)		Irelan	đ	Accident, sulcide, or homicide?
	(Address)	1000	et Heart	Home		Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	Plece Ta	thing	removal D, C	. Dete Nov	24. 1932	Manner of injury
19.	UNDERTAKER(Address)	317	S. Strift	t. S. E	206.	24. Was disease or injury In any way releted to occupation of deceased?
20.	FILED MOV.	24	19 32 V		Registrar.	(Signed) Illiam of / Class M.D. (Address) 459- C- St Mal De
			If more	blanks are needed,	addes State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were a follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis !:	3 days ago
		/G3/(309)	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	•		

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforshould state of OCCUPA-PHYSICIANS Exact statement stated EXACTLY properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. WRITE PLAINLY,

ż

MARGIN RESERVED FOR BINDIN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County PRINCE GEORGES COUNTY	Registration Dist. No.
Village or City LAUREL	No. LAUREL SANITARIUM. St., Ward
Length of residence in city or town where death occurred	If death occurred in a hospital or institution, give its NAME instead of street and number) s5_ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME MRS YETTA GLICK.	
(a) Residence: No. 238 Broadway, Boston Mass. (Usual place of abode)	St., Ward. Boston Mass. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE or DIVORCED (write the word) white married.	21. DATE OF DEATH November 19 1932 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	Note that the second se
(or) WIFE of Jacob Glick.	october 14 CERTIFY, That I attended deceased from 19 32 November 19 32
6. DATE OF BIRTH (month, day, and year) 1877	lest saw her alive on November 19 32 death is sai
7. AGE Years Months Days If LESS than 1 dey,hrs. orhrs.	to have occurred on the date stated above, et 2.55 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, housewife. SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, domestic. SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month and Oct. 1932, spent in this securation (month and Oct. 1932, spent in this securation (month and Oct. 1932).	Chronic myocarditis. 5 years.
year) occupation	Dither Coatributery Causes of Importance:
12. BIRTHPLACE (city or town) Mitau, Courland Russia.	,
(State or country)	Acute gastric dilatation. 1 day.
13. NAME JACOD SELTZ 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of What test confirmed diagnosis physical examination was there an autopsy no
15. MAIDEN NAME Dora Kaplan. 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? Where did injury occur?
17. INFORMANT Isaac Goldstein. Baltimore m (Address) 3620 Reisterbown Rd.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Complete 11-20-3 2	Manner of injury XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
19. UNDERTAKER SULLY General Sully (Address) 439 6-13 allow	24. Was disease or injury in any wey related to occupation of deceased? NO
20, FILED NOT 19 1932 M. Brasheard	(Signed) ONGUSA SUSPENDE M. I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis "	1 year

V. S. No. 1

STATE OF MADVI AND CEDTIFICATE OF DEATH

STATE OF MARTEAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-0
County Source Searge	Registration Dist. No. 3 3 8
Village or City Clinton	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Ralph Leron Gooden	rd.
(a) Residence: No. Plans Low. Aug.	St. Ward
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prite the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of 72	22. I HEREBY CERTIFY, Thet I ettended deceased from
Barbara Sadgell	Movember 8, 1932, to November 9, 1932
6. DATE OF BIRTH (month, day, and year) Jan 31 1898	I last saw here alive on november 9, 1932, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1 20 A.m.
34 9 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Cerebral Henerrhage Date of onsot
SAWYER, BOOKKEEPER, etc. lauch farmer	Correct of Sumstans 10PM, 11/9/32 1
Industry or business in which work was done, as SILK MILL, about his farm.	Blood pleasure at onset 240/110
U 10. Date deceased last worked at 11 Total time (years)	
this occupation (month and 11/7/32 spant in this left occupation Reference	
12. BIRTHPLACE (city or town) Prince Stearge Co	Other Contributory Causes of Importanco:
(State or country)	abocess of Rt. axilla apr 139
13. NAME Titelleaux, Engage on Goddand	
13. NAME Tolliam France Goddard 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country) Transcharts	
15. MAIDEN NAME Cara Deveus	
16. BIRTHPLACE (city or town)	23. If death wes due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country) Marylund	Where did injury occur?
17. INFORMANT Lessie Staddard	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Pluton and.	THE PERSON OF THE PROPERTY OF THE PUBLIC PLACE.
8. BURIAL, CREMATION, OB REMOVAL	Manner of injury
Plece Charlott flitt Date 11 12	Nature of injury
19. UNDERTAKER Thomas F. Munayo for	24. Was disease or Injury in any way related to occupation of deceased?.
(Mulicas) Manufacture of the	If so, specify
20. FILED Mar 11 , 1932 Suyor Dueman.	(Signed) Saul Can Julto MyD.
Registrar.	(Address) Upper Marktaro R41 Mills.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THOUSE !			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones NOV 18 8.	May 1,1923	Gastroenteritis	1 year
AUREAU			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

7. S. No. 1

BINDIN

RESERVED

MARGIN

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Cerebral hemorrhage T. P. ATT V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA. PHYSICIANS RECORD. Every Exact statement stated EXACTLY. PERMANENT properly classified. FOR BINDIN INK-THIS MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may See instructions WITH UNFADING mation should be carefully supplied. PLAINLY, B.—WRITE TION is ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	2 7 2
County / Myce Leonger	Registration Dist. No.
Village or City room Act	No. St., Ward
(If Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Sylvester Hamil	for.
(a) Residence: No. / croom Sta	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Market	21. DATE OF DEATH 7 29 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Heuriella Hamilton	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) From 2-1886	I last saw h alive on 21 193 2 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 Pm.
46 9 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Oete of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Harming SAWYER, BOOKKEEPER, etc.	yrevia.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the senant in this security in the senant in this security is senant in this security in the senant in this security in the senant in this senant in the senant in this senant in the s	Opoler
SAW MILL, BANK, etc	
this occupation (month and 1432 spent in this occupation	<u></u>
12. BIRTHPLACE (city or town) Crown da	Other Contributory Causes of importance:
(State or country)	
13. NAME Clining Hamilton	
14. BIRTHPLACE (city or town) San Sla	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Lyafelle Cladesm (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALLE STATEMENT OF THE TOTAL TO THE TOTAL	Manner of Injury
Place affer Ment Dro Motion Dec 2, 19 2	Nature of injury
19. UNDERTAKER Ulteting Down a	24. Was disease or Injury in any way related to occupation of deceased?
(Address) (Litelian My	If so, specify 1
20. FILED Dec 1. 1932 Alux Auth. Registrar.	(Signed) William 11. 1 Who M. D. (Address) Crown m.
	2411 N. Charles Street, Ballimore, Requesing V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12174
1. PLACE OF DEATH	107-01
County Prince Gerral	Registration Dist. No. 235
Village or City - Oakland - Benninger	1 # acuse
	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsyrs	
2. FULL NAME Betty Gene Haws	eus
(a) Residence: No. Benjungs De R#/	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Few Caland OR DIVORCED (write the word)	Movember (), 1982
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
A	Mov 10, 1932, to nov 17, 1932
6. DATE OF BIRTH (month, day, end year) aug 18 1932	I last saw h. 2 alive on Mark 19 32 deeth is seld
7. AGE Years Months Days If (ESS than	to have occurred on the date stated above, atA_m.
3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
Z 8. Trade, profession, or perticular	Broncho kulumonia 11/8/32
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. S.Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	
work wes done, es SILK MILL, SAW MILL, BANK, etc	
Spant in this	
year) occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Since Stonge Co,	Turkenown
(State or country) allewale Hopetal Proda	
14. BIRTHPLACE (city or town) Washington	
14. BIRTHPLACE (city or town) W bestungton	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy? Luc
15. MAIDEN NAME Vernell Hawking	23. If death was due to external ceuses (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Prince Iseorge Co	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Levell Hawhin	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Beauty W.E. W. #1.	The state of the s
18. BURIAL, CREMATION, OR REMOVAL 111	Menner of injury
Place For ? otville Md Date 18/82 19	Neture of injury
Ala Hampins	
19. UNDERTAKER (Address) 10 slate of the design of the des	24. Was disease or Injury in eny way releted to occupation of deceased?
111.00 22 7 1 8 4 19 18	if so, specify
20. FILED 117 , 1932 1 hos D Caffelly	(Signed) Task & V and Atto M. D.
Registrar.	(Address) Upper Marlboro RA/ ma
if more vianes are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ender " Laffill" 12/193 Place of buth see lette.			_ 0
ender « Gesfelle " 12/1/31	Low authorisation to clean	Rlap, of truth see	Celto
	ender « Lastella " 12/18	7/	
		U	

(Address)

Registrar.

Date of onset

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. TH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDIN N. B.-WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	10	
County Prime Heart Ex	Registration Dist. No. 2	
Village or City Churchen 24		Ward
60	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,	de
14 3 . 1. 1)	## No. 10 10 10 10 10 10 10 10 10 10 10 10 10	us.
2. FULL NAME for the the theory		
(a) Residence. No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	2
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	7 -
M C Sur le	(Month) (Dey) (Yea	r)
5e. If married, widowed, or divorced HUSBAND of	23. HEREBY CERTIEY, Thet t ettended deceased	-
(or) WIFE of	Daliza 32 nov 22 19	32
6. DATE OF BIRTH (month, day, and year) Musich 3-1873	I last sew h elive on WW 2(132 death is	s said
7. AGE Years Months Deys If LESS than	to heve occurred on tha deta stated above, et	
59 9 19 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance wera es follows:	
8 Trade profession or perticular	Butral Cournelation 199	inset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	8	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked et this occupation (month and		
10. Oate deceased last worked et this occupation month and spent in this		
this occupation (month and spent In this occupation		
12. BIRTHPLACE (city or town) Custon.	Other Contributory Causes of importence:	73-
(Stata or country) manufaux	7	102
E 13. NAME facus a tackson		
14. BIRTHPLACE (city or town) Depley Will	Neme of operation Oate of	
(Stete of country)	What test confirmed diagnosis?	10
15. MAIDEN NAME Franky Clark	23. If deeth wes dua to externel causes (VIOLENCE) fill in elso tha following:	
0 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?, 19	
(Stata or country) (Corangolic Mill	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Cleu Jackton	Specify whether injury occurred in iNOUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) 18. BURIAL, CREMATION, OR REMOVAL		
Plece Stations Come Data Nov 34 1233	Menner of injury	
118 4 0 0 0 0	Neture of injury	<u> </u>
19. UNDERTAKER AND	24. Was disease or injury in any wey releted to occupation of daceesed?	
(Audiess) 50 (Audiess)	If so, specify (Signed) All 1881 gazver	M D
20. FILEO Registrar.	(Signed) for Color	M. D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street Relimone Requesting (1) S. W.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			3
Other contributory causes of importance:		Other contributory causes of importance:	4
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH	STATE OF MARYLAND
County of	CERTIFICATE OF DEATH
101	Registration Dist. No. 23/
Village or City Hunshad Tury (No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME LUVINIA	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED WILDOWS (Write the word)	16 DATE OF DEATH CASAS _ 28, 1932
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on the
J Byrs. 3mos. 20s. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or conticular kind of work	The state of the s
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (Nate or country)	(Durstion) yrs. mos. da. Contributory (Durstion) yrs. 7 mos. ds.
10 NAME OF FATHER TOMAN 2 201	(Signed) M. D. M.
OF FATHER (State or country) 12 MAIDEN NAME	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MAT CHARM	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) MANY JAMES (State or Country)	At place of deathyrsmosds, Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Purity of From	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Alukushnym,	Bladensburg und Nec 1, 108 9
Filed Dec 1st 1932 My D. Shell Registras	Francis Gaselly Sous Bludengbin
If more blanks are needed, address trate Registrat	, 16 W. Saratoga St., Balto., Sequesting V. S. ivo. 1. Med 1

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Ilousewife, Ilouseen at home, who are engaged in the duties of the Civil engineer, Stationary fremon, etc. But in many Physician, Compositor, Architect, Locomolive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation whatever write Nane state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. borer, Form loborer, Loborer—Coal mine, etc. Womreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal menin, itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

"Iraemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Annemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway troin-American Medical Association.) Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory valvular heort diseose; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1	2	1	0.0	8	
-0					

DATE OF DEATH) (Month)	3- (Day)	, 193 <u>2</u> (Year)
WW 4	Y CERTIFY	That I attended	deceased from
t saw has alive on a	Nov 5 ated above, at 5-3	, 19 <i>3</i>	death is said
PRINCIPAL CAUSE OF DE	ATH and related causes	s of importance	
as follows:		~	Date of enset
Bea	est Fac	luce	
Cur	ditia : over	foreweeks.	
or Coatributory Causes of im	portance:	٥٤,٠	
e of operation.		Date of	-
test confirmed diagnosis?_		Was there an	autopsy?
death was due to external c	auses (VIOL ENCE) fill	In also the followin	0.
dent, suicide, or homicide?	0-1		EV 19
		ate of injury	, 19
re did injury occur?	(Specify city or to In INDUSTRY, in HON	own, county and Sta E, or in PUBLIC PI	ite) ACE.
ner of Injury			
re of Injury			
as disease or injury In any	way related to occupat	tion of deceased?	200
, specify		7.	
(Signed) James	2 16 Tess	X	A pa h
(Address)	esse Da	le ma	M. C
. Charles Street, Baltimore,	Requesting U. S. No. 1	7.	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Dato of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V.S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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M)	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	/
•	NT RECORD	LY, PHYS	l. Exact sta	
BINDIA	PERMANE	EXACT	rly classified	cate.
D FOR	IS IS A	e statec	e prope	f certific
MARGIN RESERVED FOR BINDIN	NG INK-TH	AGE should b	that it may b	TION is very important. See instructions on back of certificate.
MARGIN	TH UNFADI	y supplied.	ain terms, so	See instructi
	LY, WIT	carefull	TH in pl	portant.
	E PLAIN	should be	OF DEA	very im
V. S. No. 1	I. B.—WRITI	mation :	CAUSE	TION is

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93:0)
County Prince Tlorges	Registration Dist. No. 2 H
Village or City Sealure (No. 4100 Urleased. St., Ward (f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmo	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME when frances Kin	Iwelf
(a) Residence: No. 4100 William St. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If merried, widowed, or divorced	21. DATE OF DEATH November 28 (Dey) (Yeer)
HUSBAND of (or) WIFE of Susan B. Vidwell	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Seember 5; 1856	I last saw ham alive on Commence 7 1932; death is said
7. AGE Years Months Deys If LESS than	to heve occurred on the dete steted above, et 2.33 Am.
75 // 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, harving (releved) SAWYER, BOOKKEEPER, etc.	acute Myveadles 11/26/3
kind of work done, es SPINNER, harves well and sAWYER, BOOKKEEPER, etc	
O Date decessed lest worked at this occupetion (month and 1922 11. Total time (yeers) spent in this occupetion 25	
12. BIRTHPLACE (city or town) Leesheef, Va	Other Contributory Causes of importence:
(State or country)	- aproblery seed 193
13. NAME Year Se H. Kidwell	- 4prox 123
14. BIRTHPLACE (city or town) U.C.	Neme of operation
(Stete of country)	Whet test confirmed diegnosis? Was there an eulopsylla
16. BIRTHPLACE (city or town)	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT MANY M. WOLL W. C. (Address) Brews W. W.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place La Aburg Na Date Wow 30, 193.	
19. UNDERTAKER A GLASSIS AND CARDON AND CARD	24. Wes diseese or injury in any wey related to occupetion of deceased?
20. FILED MAD 28 , 1932 MMS. Jas. Davers	(Signed) W. alley Support M. D. (Address) ROPLEY Well
If more blanks are needed, address state Registrar.	2411 N. Charles Street, Baltimore, Requesting T. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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19. UNDERTAKER (Addrass)

20, FILED ...

FOR BINDIN

MARGIN RESERVED

ä

L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
INGLE, MARRIED, WIDOWED, R DIVORCED (perite the word)	21. DATE OF DEATH (Month) (Day) (Year)
ing	22. 1 HEREBY CERTIFY, That I attended deceased from
Days If LESS than 1 day,hrs. ormin.	I last saw h aliva on 1, 19 3 death is said to have occurred on the date stated above, at 8 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were a politows: Day of onset
11. Total time (years) spant in this occupation	Chronics myocarditis: of indefinite du- rations Curson. Other Contributors Causes of Importance:
oryland,	Name of operation Data of What tast confirmed diagnosis? Was there an autopsy? 23. If daath was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury
Ming Bao. Co	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
11/20,1932	Manner of Injury
Wash 12 R. Registrar.	24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signad) (Addres) (Addres)
are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

VITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

FOR BINDI

MARGIN RESERVED

properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

	1. PLACE OF DEATH	
	County Truck Georges	Registration Dist. No. 3 3 8
1	Village or City 7 and thill	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
/		ds. How long in U.S. If of foreign birth?msds.
cate.	2. FULL NAME Transpare (a) Residence: No. Farestrick (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oey) (Yeer)
	5e. If merried, widowed, or divorced HUSBANO of (or) WIFE of Herbert Kring	22. HEREBY CERTIFY, Thet attended decessed from 1932 to 24 1932
certificate.	6. DATE OF BIRTH (month, day, end yeer) Sept 1508 27 7. AGE Yeers Months Deys If LESS then 1 day,hrs. orhrs.	to heve occurred on the dete stated above, et 9 40 Pm. The PRINCIPAL CAUSE OF DEATH and releted courses of importance
of	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Safaticernia, Strepto e oce Data of oncot
ions on back	SAW MILL, BANK, etc 10. Dete deceased lest worked at this occupelien (month and yeer) 11. Total time (yeers) spent in this occupelion 12. Total time (yeers) spent in this occupelion	Other Contributory Gauses of Importence:
instructions	12. BIRTHPLACE (city or town) (Stete or country)	Cryppelas
	13. NAME 14. BIRTHPLACE (city or town)	
See	(Stete or country)	Whet test confirmed diagnosis? Wes there an autopsy?
very important.	15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If deeth was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
ery im	17. INFORMANT Herbert Mining Rt.	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18	18. BURIAL, CREMATION, OR SEMONAL Place SS. Barnabas, Octo 11/7 19 32.	Menner of injury
TION	19. UNDERTAKE Thomas J. Murayo Lou- (Addiess) Washington, DE	Neture of injury 24. Was disease or Injury in any way related to occupation of deceased? 200 If so, specify
	20. FILEO. 1/5 132 ley Sure and. Registrar.	(Signed) James & Boyd M. O. (Address) Farestully not

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE ATT V. B.	,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

t t	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	737
of of occ	County Servery Jerry 2	Registration Dist. No.
item of should of OCC	Village or City Hausel	No. Traues alve St. 3 War
	Length of residence in city or town, where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)
CORD, Every PHYSICIANS of statement	2. FULL NAME albert Souich sint	141
D. J SIC tate	(a) Residence: No. Baurel Elve	St., S. Ward.
ECORD. PHYSI	(Usual place of abode)	If nonresident give city or town and State
RECC PH Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLON ON RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
ENT I	Male albert Maried	(Month) (Day) (Year)
E ZOE	Sa. If married, widowad, or divorced HUSBAND of (er) Water Maun weeks	22. HEREBY CERTIFY, That I attended daceasad fro
BIND PERMA E X A y class te.	6. DATE OF BIRTH (month, day, and year) Mar. 15. 1869	Hast saw been alive on 201 70 193 L death is sal
R J A P ed ed	7. AGE Yaars Months Days If LESS than	to hava occurred on the date stated abova, at. 4. Pm.
FOR B. IS A PE stated E properly certificate.	63 8 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were extended.
- 10	8. Trada, profession, or particular kind of work done, as SPINNER, Machines SAWYER, BOOKKEEPER, etc	Chome projecosolity
E P P A	9 Industry or business in which	Amyounder Megeneration Deft!
ER K—shoul t ma	work was dona, as SILK MILL. Muto Manufactures	
RESI NG IN AGE SI that it	10. Date deceased last worked at this occupation (month and 101/93) spant in this occupation, 23 year)	
ZAIS	12. BIRTHPLACE (city or town) Carrallo, Md.	Other Contributary Causes of Importanca:
MARGIN UNFADI supplied. n terms, so	(State or country)	
MARGI UNFA supplied n terms, ee instru	# 13. NAME albert herely	
MAH UH U	13. NAME Albert Leveler 14. BIRTHPLACE (city or town) Zurkstown	Name of oparation Date of
T E E E	(State or country)	What test confirmed diagnosis? Was there an au'opsy? Zo
	15. MAIDEN NAME Julia taughart	23. If daath was due to axternal causes (VIOL ENCE) fill in elso the following:
NLY, e cal ATH nport	O 16, BIRTHPLACE (city or town) (State or county)	Accident, suicide, or homicide?
AIN I be	17. INFORMANT Steve Boud.	Where did injury occur?
Speca Should OF D	(Address)	
Sh is v	18. BURIAL, CREMATION, OR REMOVAL PLANTS AND MARKET 21/ 21	Manner of injury
WRITE mation s CAUSE TION is	Place org sittle thisty Data (100, 04, 195)	Nature of Injury
ma ma	19. UNDERTAKER Sellett & maldon	24. Was disaasa or injury in any way related to occupation of dacaased?
S. No.	(Address)	If so, specify ledy hyle dorng confinter how
××	20. FILED/W 24 , 1932 M. Brashearp Registrar.	(Signad) With the Country M. [(Addrass) amulf had
MILE I		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

Other contributory causes of importance:

Gallstones

May 1,1923

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	ll l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy 8	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		CIPATIO:	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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stated E	. Exact	
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AGE S	properly	
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ddns	may	-
Illy	#	41-14-

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1 PLACE OF DEATH

County Prince George's

STATE OF MARYLAND CERTIFICATE OF DEATH

					Registr	ation Dist.	No.2024
/ill		, Fort Washing			None, St.;	Ward)	[If death occurred is a hospital or institution, give its KAME instead of street and nombor.]
	PERSO	ONAL AND STATISTIC	AL PARTICULA	RS	MEDICAL CERT	IFICATE OF	DEATH
SE	ex Male	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OROIVORGED (Write the WOI	ingle.	(ovember Month)	11, 1932 191
D	ATE OF BIRT	H Febru		, 1905 (Year)	that I last saw h 400200.	to	, , , , , , , , , , , , , , , , , , , ,
A		27 yrs 9		It LESS than I day,hrs. ORmin,?	and that death occurred on the The CAUSE OF DEATH* was a	s follows:	
pa (b)	CCUPATION) Trade, protession rticular kind of who general nature siness, or establish amplaced (co.	vork L&D O1 of industry,	19 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	***************************************	Gunshot Wound, (r. of heart. (Suicide	al)	
	IRTHPLACE (State or cou				Contributory None .		yrsds.
	10 NAME O FATHER		190		(Signed) Vam.H.L.	Toyd. The	ijor, M.C., M.D.
PARENTS	OF FAT (State	HER	known.		*State the DISEASE CAUSING CAUSES, state (1) MEANS OF	G DEATH, or, INJURY; and	
PAR			TAL, SUICIDAL, OF HOMICIDAL. 1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT: OR RECENT RESIDENTS)				
		or country) Unk	nown.		At place of death yrs mos27 Where was disease contracted,	In the ds. State) yrs, 9 mos, 27 de
	(informant) No	informant av	Records.	Z	it not at place of death? Former or usual residence. New Yor 19 PLACE OF BURIAL OR REM	k City.	DATE OF BURIAL
i 6	(Address	// 198 21 J	Peno H	PLEGISTRAR	Washington.D. 20 UNDERTAKER Martin W.Hysong	.C.	ADDRESS 1300 N.St.N.W. Washington, D.C.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations statement. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many been changed or given up ou account of the DISEASE Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a slngle word or term on the applies to each and every person, irrespective of agc. ness of various pursuits cau be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Branchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercul lesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. childblrth or mlscarriage as "Puerperal septichaethenla," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inauitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-Is less definite; avoid use of "Tumor" for malig-The contributory (secondary or Intercurrent) Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations ou statement of "Dropsy," "Exhaustion," State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

the certificate is permanently filed.

V. S. No. 1

Country	SIAIL OF M	IARYLAND—	-CERTIFICATE OF DEATH	4133
Village or City Length of residence in city or flynn where death occurred Length of residence in city or flynn where death occurred Length of residence in city or flynn where death occurred As How long in U. S. If of foreign birth? Yes	County Prence Lear	al,		31
2. FULL NAME (a) Residence: No. West of the state of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR, RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) OR DIVORCED (write the word) 6. ILmentried, widowed, or diwared HUSBAND of Marked A Ordorac West of the word) For DATE OF BIRTH (month, day, and year) S. DATE OF BIRTH (month, day, and year) S. DATE OF BIRTH (month, day, and year) S. SINGLE ARRIED, WIDOWED, OR DIVORCED (write the word) I day his alive on 192 to 192 death I to have occurred on the date stated above, at #100 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of work was done, as SILK MILL, West or work was done,			NoSt., If death occurred in a hospital or institution, give its NAME instead of street a	Ward
(a) Residence: No. Ward. If nonresident give city or town and State			sds. How long in U.S. if of foreign birth?yrs	mosds
(a) Residence: No. (busin place of abode) (cousin place of about	2. FULL NAME Thack	M-Man	uc .	
3. SEX 4. COLOR OF, RACE OR DIVORCED (winter the word) COCLORAGE So, Ill-married, widowed, or diwarced HUSBAND of (Month) COCLORAGE So, Ill-married, widowed, or diwarced HUSBAND of (Month) COCLORAGE So, Will-B of Married, and obstance of HUSBAND of (Month) COCLORAGE So, Will-B of Married, and obstance of HUSBAND of (Month) COCLORAGE So, Will-B of Married, and year) So, DATE OF BIRTH (month, day, and	(a) Nesidence. No.	ual place of abode)	St., Ward.	and State
55. Hameried, widowed, or diseased HUSBAND of Marke A ONDOWN Melecular Melec		PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
55. HAUSEAND AND AND AND AND AND AND AND AND AND	Man ORD	OIVORCED (write the word)	NO) 76	, 193 2
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Monthis Days If LESS than 1 day, hrs. or min. No lower as follows: No lo	a. If-merried, widowed, or diverced	0		(Year)
7. AGE Years Months Days If LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of work done, as SPINNER, Reference with this work was done, as SPINNER, Reference work as follows: Date of work was done, as SPINNER, Reference work as follows: Date of work was done, as SPINNER, Reference work as follows: Date of work was done, as SPINNER, Reference work as follows: Date of work was done, as SPINNER, Reference work as follows: Date of work was done, as SPINNER, Reference work as follows: Date of work was done, as SPINNER, Reference work as follows: Date of work was done, as SPINNER, Reference work as follows: Date of work done, as SPINNER, Reference work as follows:	(ac) MEE of Martha a. Osbor	on Wham	1 1 1 2 2 2 1 1	ded deceased from
Strade, profession, or particular were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes	. DATE OF BIRTH (month, day, and year)	16.1841	I last saw h Aug alive on 19	3.2 death is said
8. Trade, profession, or particular kind of work done, as SPINNER, Returned SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Like The Characte 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. MAIDEN NAME 18. MAIDEN NAME 19. MAIDEN NAME 19. MAIDEN NAME 10. Date of injury. 10. Date of injury. 11. Total time (years) spent in this occupation were as follows: 12. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. Date of injury. Where did injury occur?	0.			
8. Trade, profession, or particular sind of work done, as SPINNER, College SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and year) spent in this occupation (State or country) 12. BIRTHPLACE (city or town) Many land (State or country) 13. NAME Cicke M Chance 14. BIRTHPLACE (city or town) Many land (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Many land 16. BIRTHPLACE (city or town) Many land 17. MAIDEN NAME 16. BIRTHPLACE (city or town) Many land 17. Many land 18. Trade, profession, or particular subjects of the same and pa			THE FRINCIPAL CAUSE OF DEATH and related causes of importance	Data of second
9. Industry or business in which work was done, as SILK MILL, Farmer SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Licke M Name 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 16. BIRTHPLACE (city or town) (Stete or country) 17. MAIDEN NAME 18. MAIDEN NAME 18. MAIDEN NAME 19. Maine of operation What test confirmed diagnosis? 29. Was there an autopsy? 20. Maident, suicide, or homicide? Date of injury Nere did injury occur? Where did injury occur?	8. Trade, profession, or particular kind of work done, as SPINNER.	. 1.T l		Date of onset
12. BIRTHPLACE (city or town) (State or country) 13. NAME Links M. Change 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. MAIDEN NAME 18. Maiden Name of operation What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Negret did injury occur?	SAWYER, BOOKKEEPER, etc.	- uner		
12. BIRTHPLACE (city or town) (State or country) 13. NAME Links M. Change 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. MAIDEN NAME 18. Maiden Name of operation What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Negret did injury occur?	work was done, as SILK MILL,	mes	Flesio Selinero	2401
12. BIRTHPLACE (city or town) (State or country) 13. NAME Links M Chames 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 16. BIRTHPLACE (city or town) (Stete or country) 17. MAIDEN NAME 18. MAIDEN NAME 18. BIRTHPLACE (city or town) (Stete or country) 19. What test confirmed diagnosis? 20. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 21. Date of injury (Stete or country) 22. Where did injury occur?		spent in this	Chronice Endocordates	
(State or country) 13. NAME Links M Name of operation Date of (State or country) 14. BIRTHPLACE (city or town) What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Rules Mulles 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) May (State or country) Where did injury occur?	me. l.	- 1	Other Coutributory Causes of importance:	
13. NAME Licke M Name of operation				
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Rule Muller 16. BIRTHPLACE (city or town) May (Stete or country) What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury	13. NAME I La MCKAM		Laurey	
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. 19 Where did injury occur?	Mr. A		- Mrs	
15. MAIDEN NAME The Maintenance What test confirmed diagnosis? Was there an autopsy?	(State or country)			
- (Stete or country) Where did injury occur?	A	20.		
- (Stete or country) Where did injury occur?	16. BIRTHPLACE (city or town). Med	<u>up</u>		
(Specify city or town, county and State)	(Stete or country)		Where did injury occur?	
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, OF IN PUBLIC PLACE. (Address)	7. INFORMANT C. / H. Hance (Address)	(Om)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Manner of injury		01	Manner of injury	
Place Int Lincoln Cemelogate for 28, 1982 Nature of injury	Place or Incoln Cemeley te	Ur 28, 1982		
19. UNDERTAKER sancia Lacchia Jone 24. Was disease or injury in any way related to occupation of deceased? (Address) My Manualle and	11 77 11	Some		
20. FILED Man = 27-, 19.3 2 Julian Demaitle (Signed) (Address) Carlotte	1 1	De Smith	(Signed) V-V dues	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	,			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA. PHYSICIANS Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. properly classified. FOR BINDIN TION is very important. See instructions on back of certificate. MARGIN RESERVED be CAUSE OF DEATH in plain terms, so that it may N. B.—WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12186
1. PLACE OF DEATH	(83)
County Prince Leo:	Registration Dist. No. 259
Village or City Lawrel - Lawrel Se	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,3mos	. 2 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Ellis Miller	1.2: 111
(a) Residence: No. Balto 44 West St a	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Ton 25 , 1932 (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceased from
1-6-190/	last saw h / m alive on Nov 24 , 1932; deeth is seld
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, et 9 % m.
3 6 10 2.0 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
2 Trade profession or particular	were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date december of this occupation (month and the companion (month	General Paralesia of
9. Industry or business in which work was done, as SILK MILL.	
work was done, as SILK MILL, SAW MILL, BANK, etc	The mans.
this occupation (month and lug22 spent in this year) spent in this	Laurel Samlarum since aug 22
10	Other Contributory Causes of importance: (832
(State or country)	
13. NAME abraham Mellen 14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Wes there en autopsy?_\mathcal{NA}
15. MAIDEN NAME Derra Miller. 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill In also the following:
	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Leva Miller (Address) 44 West 87 Cimapolis Md	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAN CREMATION, OR REMOVAL	Manner of Injury none
Place Dete 1, 19	Nature of Injury
19. UNDERTAKER Jersh Leub Inc (Address) 14798. Balto Fr	24. Was disease or Injury In any way releted to occupation of deceased?
21 25 2 2	(Signed) Correlius Allerse M.D.
20. FILED Mordes, 1932 M. Musheace Registrar.	(Address) Laurel, Md.
70 11 1 11 0 0 0	

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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TH UNFADING INK-THIS IS A PERMANEAT RECORD. Every item of infor-PHYSICIANS should state of OCCUPA-Exact statement stated EXACTLY. mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, V. S. No. 1

STATE OF	MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		99	
County Frince Te	olge	Registration Dist. No. 245	
Village or City Hoyallsre	ell	No. 415 Coalvect St., Ward	
locath of societaes in the state of the stat		death occurred in a hospital or institution, give its NAME instead of street and number)	
Langth of residence in city or town whera death	9 / -/	ds. How long in U.S. if of foreign birth?mosds.	
2. FULL NAME Chy afel	w Talful	in Moole	
(a) Residence: No. 4/8 ⁻ Loca	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH November 7 (Month) (Day) (Yaar)	
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of William	B. moore	22. I HEREBY CERTIFY, That I attanded decaased from	
6. DATE OF BIRTH (month, day, and year) Oct	3 1866	I last saw here alive on 19 to 1932; daeth is seid	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
66 /	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralatad causas of importanca wara as follows:	
8. Trade, profession, or particular kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, atc.	20.1		
SAWYER, BOOKKEEPER, atc.		Rephritis	
work was done, as SILK MILL, SAW MILL, BANK, atc			
kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Oato decaased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
(a Talkanalma		Othar Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)		Ha-fefe	
100	Fallyer		
E Shall	as Olton	- Manager -	
(State or country)	Va.	Name of operation Oate of Surgesting	
	- Horye	What test confirmed diagnosis? Was there an autopsy?	
T		23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?	
16. BIRTHPLACE (city or town)	id,	Where did injury occur?	
17. INFORMANTIUS Charlotte M. Sheffer (Addrass) 4/15 Cabert M. Hypotherule		(Specify city or town, county and State) Spacify whather Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	20	Manager	
Place ashinglin 28	ta Nov 10 195	Nature of injury	
19. UNOERTAKER WWE Glicum	bus 60	24. Was diseasa or injury in any way related to occupation of daceased?	
20, FILEO DOS 8" 1932 MAS	Jas Severe	(Signad) M.D.	
	A Houte egistrar.	(Address) - 816 and Car 198	
If more blank	are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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- 1	Example II	
Date of onset	The principal cause of death and rotated causes of importance were as follows:	Date of onset
1915	Attack of cpilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and rotated causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARTLAND	CERTIFICATE OF DEATH 12138
1. PLACE OF DEATH	154
county Pynel Tenge	Registration Dist. No. 23
Village or City Foresh Ville	No. 13 rown Station Road St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Frederick moone	
(a) Residence: No. Brown Status Rd Forest (Usual place of abode)	Ville Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 14. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH ovember 2/ 198 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Lucy movne	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Two, 24-1869	I last saw h.m. alive on hor 40 1932 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete steted above, at 12.5 m.
64 11 3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER above 9 ort. Smaller	Date of onset
	Willowyletes 1) 49h
9. adustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Nome and annece 1932
and occupational and a shall fill fills a visa	
year) occupation 44 (78	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	General Xappreenna
(State or country) Protect of Columbia	and Cardine Deleter,
13. NAME Jake moore	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? A Was there an autopsy? W
15. MAIDEN NAME Planfaul Overnon	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury, 19
(State or country) warming pt.	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT M daven Teen (Address) 22/2 ala an bio	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OREMATION, OR REMOVAL	Manner of Injury
Place Thas hunglon D Date Nov. 21 , 1932	Nature of injury
19. UNDERTAKER RObert Marine (Addiess) 18-20-9-or. h. W. T.C.	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED 1/21 1932 This D. Juffish	(Signed) Why A. D. M. D.
If more blanks are readed address to B.	(Address) & 2 U4 Ment to War pg
15 more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis RAC	3 days ago
		DEC	20/
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis BURRATT	1 year
			3. /

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Jo m	plnod	000	1
ite	20	of	/
. Every	CIAN	tement	
RD	KA	sta	
3.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IZ.	(L)	ed.	
AN	CJ	ssifi	
RM	X	clas	
PE	d E	erly	cate
SA	tate	rope	ertif
	be s	be p	of ce
-TH	ld	ay	ck
YK-	shor	it m	n ba
C I	GE	hat	us o
NIO	¥.	so t	ctio
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S	ddns	ter.	ee ir
LLH	lly :	plain	Š
*	refu	in	tant
ILY,	e ca	TH	por
AIN	q p	DE/	y im
PL	Rote	OF	TION is very important. See instructions on back of certificate.
ITE	s uo	SE	N is
-WR	nati	CAU	UIOI
9	-		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12189
1. PLACE OF DEATH	100
County Brance tolearge	Registration Dist. No. 2115
Village or City Bratts of & Land	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
(a) 'Residence: No. Hyattailla (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) OR DIVORCED (write tha word)	21. DATE OF DEATH November 168 to day (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Doo R, Neitzer,	22. I HEREBY CERTIFY, That i attended deceased from
0 0	1922 10 July 19 23
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
76 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	O D Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Smouth rollow
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Walaton D. lo	
(State or country)	uoul
13. NAME Steeling W neitzer	
14. BIRTHPLACE (city or town) Seumann	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Some Shubert	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Q aum	Accident, suicide, or homicide?
E (State or country)	Where did injury occur?
17. INFORMANT John F. Neitzey. (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Washing Toy Date Wows 28, 1932	Nature of injury
19. UNDERTAKER Je Jasah's Sous and (Address) Beadens by of mid	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mar. 26, 1932 Mrs. 965, Dane	(Signed) Surshamma M.D.
Registrar.	(Address) Hallwill Com

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12190
1. PLACE OF DEATH	
County pince genge	Registration Dist. No. 231
Village or City Cherterly	No. Holly Road St. Ward
/ (If	death occurred in a hospital of institution, give its NAME instead of street and number)
Length of rasidance In city or town where death occurradyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John B. M. wman	
(a) Residence: No. O Cohererly md	St.,Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR-DIVORCED (write the word)	Month (Day) (Yaar)
5a. If marriad, widowad, or diversed. HUSBAND of Column B. Hewman	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) and 2,5 11855	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date statad abova, at 11:45Am.
77 2 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
_ 8. Trade, profession, or particular	Oate of onset
kind of work dona, as SPINNER, Oxewred	Grate cardiac delatation
9. Industry or businass In which work was done, as SILK MILL, SAW	
SAW MILL, BANK, etc	,
this occupation (month and year)	
1/1-1/1	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
=	No. and an all a
14. BIRTHPLACE (city or town) Y Level Company (Stata or country)	Name of oparation Deta of Was thara an autopsy?
15. MAIDEN NAME / Sarah Fitzshotrick	23. If death was dua to external causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Sarah Fitzhatrick	Accident, suicide, or homicide? Data of injury, 19
Stata or country)	Where did injury occur?
17. INFORMANT Egith B. Mewynan	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury approved
Place It; Lincoln M Dete Nov 15/1932	Nature of injury
Q.4.1.4	24. Was diseasa or injury in any way ralatad to occupation of decaasad?
19. UNDERTAKER Severalle and	If so, specify
1 10 M 1 000 (N - 1 1 8)	(Signed) John I Malony M.D.
20, FILED NOV. 16, 1922 Me De Spech. Registrar.	(Address) Cheverly, Mad

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

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	0				

8	S	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	(0.1
1	. PLACE OF DEA	THO	y -		Pagistration Dist. No.	3 3
	Village or City	Trans	lision	ne	No. Registration Dist. No. 4/ - St.,	War
	Length of residence in	city or town where	death,occurred	yrs (I	death occurred in a hospital or institution, give its NAME instead of street and not death. How long in U.S. if of foreign birth?	
2	. FULL NAME	llean	Carlon	Sinks	rey	
	(a) Residence: No.		(Usual place of	of abode)	St., Ward. If nonresident give city or town and S	State
	PERSONAL A	ND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. 5	male 4. col	OR OR RACE	5. SINGLE, MARI OR DIVORCED	(write the word)	21. DATE OF DEATH	193 (Year)
5a.	If married, widowed, or div HUSBANO of (or) WIFE of	rorced			22. 9 I HEREBY CERTIFY, That I attended d	eceased fro
6. [DATE OF BIRTH (month, d	ay, and year) M	oy/0-	-1932	I last saw h alive on	death is sa
7. /	AGE Years	Months	Days 24	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 100 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
ATION	8. Trade, profession, or kind of work done SAWYER, BOOKKE	, as SPINNER, EPER, etc in which	non		Bronchopneumonia	
OCCUPA	work was done, as SAW MILL, BANK 10. Date deceased last w this occupation (m year)	, etc orked at	11. Total ti	me (years) It in this		
12.	BIRTHPLACE (city or town (State or country)	, Oran	dyw	ne	Other Contributory Causes of Importance:	
HER	13. NAME Alex	best	Penkne	y		
FATH	14. BIRTHPLACE (city or (State or country)	town) Gra	mylo	ne	Name of operation Date of What test confirmed diagnosis? Was there an at	ıtopsy?
MOTHER	15. MAIOEN NAME RE- 16. BIRTHPLACE (city or (State or country)		Thresp	90	23. If death was due to external couses (VIOLENCE) fill in elso the following: Accident, suicide, or homlcide?	
	INFORMANT (Address)	sheet 1	Puita	ey.	Where did injury occur?(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA) CE,
18.	BURIAL, CREMATIAN OR Place TICLE	no Churc	Sporte 270	V 5, 1932	Manner of Injury	
19.	UNDERTAKER (Address)	J. Fir	inco.	nd	24. Was disease or injury in any way related to occupation of deceased?	2)
20.	FILEO MOV 2/1	1932 F/R	nest W.	Darner Registrar.	(Signed) Willyam T. Tobons (Address) Crown ma	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage:	July 5,1927	Peritonitis	3 days ago	
BUBELLU VIS-II				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	
County Registration Dist. No. 230	
Village or City Mean (Bellsville No. St.,	Ward
(If death occurred in a horpital or institution, give its NAME instead of street and at Length of residence in city of the lown where death occurred	
2. FULL NAME Colward to 150	
(a) Residence: No. Bellavelle A. FR. Ward. (Usual place of abode) Ward. (Usual place of abode) If nonresident give city or town and S	Sec.
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	Nate
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale 4. COLOR OR RACE OR DIVORCED (write the word) (Month) (Day)	193. 2 (Yaar)
5a. If married, widowed or divorced HUSBANO of (or) WIFE of MauCey M. P. 22. 1. HEREBY CERTIFY, That I attended d	eceased from
1000	, 19.72
6. DATE OF BIRTH (month, day, and year) (1922) 7. AGE Years Months Oays If LESS than to have occurred on the date stated above at C m	death is said
82/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
8. Trade, profession, or particular	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sawyer, etc.	1 14
Windustry or business in which work was done, es Silk Mill., SAW MILL, BANK, etc.	Se in
SAW MILL, BANK, etc. O 10. Oate deceased at worked at this coerce takes worked at the coerce takes worked at this coerce takes worked at the	1
this occupation (month end / 926 spent in this year) occupation occupation	lilia
Other Contributory Causes of importanca;	
12. BIRTHPLACE (city or town) (State or country)	11/3/32
W 13, NAME Madison 100	
I The state of the	
	, ,
What test confirmed diagnosis? Was there en au	lopsy?_/10-
15. MAIOEN NAME 23. If daath was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Oate of injury Oate of injury	10
(State or country) Where did injury occur?	, 19
(Specify city or town, county and State) 17. INFORMANT)
(Addrass)	JE.
18. BURIAL, CREMATION, OR REMOVAL Manner of injury	
Place Dry Hilly Coursel Date 2007 57, 193 2 Natura of injury	
19. UNDERTAKER Jolong L. L. Was disease or injury in any wey raisted to occupation of deceased? [Address]	lio
1 so, specify	
20. FILED LLUX 6, 19 Johnson Smith Registrar. (Addrass) Tours	M. D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	20.04

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MILEAT V.S		1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH 12193
1. PLACE OF DEATH	49
County Pince Searge	Registration Dist. No. 242
Village or City Capitol Heights, Md.	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Selia Posici	
(a) Residence: No. 6 UST Street & Central C	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write pie word) OR DIVORCED (write pie word)	21. DATE OF DEATH Hovewher 5, 193 2 (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of Bessel Posici	22. I HEREBY CERTIFY, Thet I attended deceased from 1/05: 15, 1931, to 1/00: 5, 1931
S. DATE OF BIRTH (month, day, and year)	I last saw h in alive on Mov. 2 , 19 32; death is said
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at \$\int \cdot 30 P_m\$. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or perlicular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Mediastical timor, byngher-sarcona Date of one of with infiltration left bing Reural June, 19.
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Canses of Importance:
13. NAME Lagar Cosii	
13. NAME JOSOV COSUL 14. BIRTHPLACE (city of town) (State or country)	Name of operation Date of What test confirmed diagnosis? However Was there an autopsy? Acc.
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
17. INFORMANT Wife (Address)	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place Wash. D. C. Date 160. 6, 1932	Manner of injury
19. UNDERTAKER & Nausausky 11. (Bash D.C. (Address) 3601-114 - 88 Mis. (Bash D.C.	24. Was disease or injury in any way related to occupation of deceased? 20
20, FILEDUN 6', 1/32 Grase Oore	(Signed) Joseph Winthrop Peabody M. D. Address) 1835 Bye Bt. H.W. Wash D.C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BÜREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		Market Street Company of the Street Street	- ,	

1. PLACE OF DEATH

Village or City

2.1.2	(a) Residence: No. Les	(Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	Male 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH NOV /6 193
5a,	If married, widowed, or divorced HUSBAND of (or) WIFE of	· ·	(Month) (Oay) (Ye
6. 1	DATE OF BIRTH (month, day, and year)	Les 6-1932	Hast saw have alive on 2001 / 1932; death
7.	AGE Years Months	Oays If LESS than 1 day,hrs	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance water as follows:
TION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	none	Coroncles Vulumonia (1)
OCCUPATION	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years)	
	this occupation (month and year) BIRTHPLACE (city or town)	spant in this occupation	Other Cantributary Causes of Importance:
	(State or country)	uch -	
HER	13. NAME TEU MA	mocky	
FATH	14. BIRTHPLACE (city or town) (State or country)	arville mil	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
HER	15. MAIDEN NAME Sertha	Smallwood	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOT	16. BIRTHPLACE (city or town)	Lesvelle	Accident, suicide, or homicide? Date of injury, 19
17.	INFORMANT Bertha (Address)	Proctor	Where did injury occur?
18.	BURIAL, CREMATION, OR REMOVAL	tespate hor, 17 193:	Manner of injury
19.	UNOERTAKER (Address)	rimes.	24. Was disease or injury in any way related to occupation of deceased?
20.	FILED Mos. 16, 19 32 Mil	v. J. K. Smith Denty Local Registrar.	(Signed) Court & Bowers (Address) Mandania Zu

STATE OF MARYLAND-CERTIFICATE OF DEATH

Registration Dist. No. 240

No. St.,

(If death occurred in a horpital or institution, give its NAME instead of street and number)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	de la companya de la	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		Date of onset	
Arteriosclerosis	1915	Attack of epilepsy		1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	BURNAU V. S.	1 wcck ago	
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago	
			DEC E 1035		
Other contributory causes of importance:		Other contributory	auses of importance:		
Gallstones	May 1,1923	Gastroenteritis		1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. r.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12196
1. PLACE OF DEATH	(723)
County France Leage	Registration Dist. No. 2 30
Village or City Branchville Md	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a no-pital or institution, give its NAIME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Chinic Elizabeth CREEd	
(a) Residence: No. Strumblille 3x & (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH Avenulus 2-3 ,193 2 (Month) (Dey) (Year)
5a. If married, widowed, or divorced WINDANS - ((or) WIFE of Loselih. R. Reed	22. I HEREBY CERTIFY Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) let 7 1872	
7. AGE Years Months Days If LESS than	to have occurred on the dete steted above, et 1215 Cm.
60 / 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Homese gun shat
work was done, as SILK MILL, SAW MILL, BANK, etc.	that
10. Oate deceased lest worked at this occupation (month and year) 11. Total time (years) spent in this year) 12.	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) MC	
13. NAME Seyman Brocks.	
13. NAME / Selfinian / Sec. 15. 14. BIRTHPLACE (pty or town) (State or country) M. d.	Neme of operation Date of
E 15. MAIOEN NAME (1 1 b. accord	What test confirmed diagnosis? Was there en eutopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Eugene Reed (Son) -	Where did injury occur? 5 (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAK	Manner of injury Accessed above
Place Bellsvillend Date Doto 26, 1932	Nature of injury
19. UNDERTAKER Transier Tasah Sons (Address) Syatterille Ind	24. Was disease or injury in any way related to occupation of deceesed? The
20. FILEO 200 - 26- 1932 John & Smith	(Signed) Quincy M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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iple I	1	Example II		
		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
	1921	Run over by street car	1 week ago	
DEC 3 1102	July 5,1927	Peritonitis	3 days ago	
BURMAU V.	S			
importance:		Other contributory causes of importance:		
Gallstones		Gastroenteritis	1 year	
	ECEIVE	and related causes Date of onset : EGEIVE 1915 1921 1921 July 5, 1927 BURNAU V.	and related causes bate of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12197
1. PLACE OF DEATH	
County Prince Jeorge	Registration Dist. No. 230
Village or City Branchvelle me	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	death occurred in a hophtal of institution, give its IVA/IVE instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Joseph R. PEEd	
(a) Residence: No. / Branchvelle	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Whate 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1. SEX 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mountles 23 , 193 2 (Year)
HUSBAND of annie Elizabeth Reed	22. I HEREBY CERTIFY. That I attended deceased from 23, 19.32, to 120.23, 19.32
6. DATE OF BIRTH (month, dey, and year) / Moy 29-1870	I last saw h; daath Is said
7. AGE Yaars Months Days if LESS than 1 day,hrs.	to have occurred on the date stated abova, at 2.3 c. Rm. The PRINCIPAL CAUSE OF DEATH and ralated ceuses of importance wara as follows:
- 8. Trade, profession, or particular	Date of onset
kind of work dona, as SPINNER, Malchinan	Suche Shat right side
SAWYER, BOOKKEEPER, etc. 9. industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. Club - Rackett	of head with short your
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this year) 000000000000000000000000000000000000	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance;
13. NAME John REED	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	Whet tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME NOT PENOUS	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Accide Date of injury 1932, 1932
17. INFORMANT Eugene REEd: Sou (Addrass) Burney on A	Where did injury occur? his home franchises (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIACE Selbrille nd Date Nov 26, 1932	Manner of injury Museules above
19. UNDERTAKER Dranci Saschis Sons (Address) Sy attente mil	24. Was disease or injury in any way related to occupation of deceased? The
20. FILED Nor 266, 19 32 John Daniela. Registrar.	(Signad) Alterne M. D. (Address) Polithery
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes. Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emlepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

OCCUP. 1. PLACE OF DEATH pluods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) W Length of residence in city or town where death occurred ds. How long in U.S. if of foreign birth? vrs. statement PHYSICIAN RECORD. (a) Residence: No. ual place of abode If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) classified 5a. If married, widowed, or divorced HUSBAND of BINDIN EREBY CERTLEY. That I attended deceased from (or) WIFE of P 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Years Days If LESS than Months: to have occurred on the date stated above, at 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. were as follows: 8. Trade, profession, or particular OCCUPATION RESERVED kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc..... Industry or business in which may should work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) FATHER See 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis?_ ----- Was there an autopsy? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homlcide? Date of Injury DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT .. (Address) OF 18, BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation Nature of injury 24. Was disease or Injury In any way related to occupation of deceased? 19. UNDERTAKER If so, specify

STATE OF MARYLAND-CERTIFICATE OF DEATH

: death is sale

Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ogo		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
012 4 21 4					
Other contributory causes of importance:		Other contributory causes of importance:			
Gollstones	May 1,1923	Gastroenteritis	1 year		
			1		

BINDIN

FOR

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MARGIN

S. No.

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Chronic interstitial nephrit	is	1921	Run over by street car	1 week ago
Cerebral hemorrhage	TUES IN BREE	July 5, 1927	Peritonitis	3 days ago
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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8	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 wcek ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis

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MARGIN

V.S. N

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12201
1. PLACE OF DEATH	(13)
County Prince Georges.	Registration Dist. No. 23 J
Village or City when from the things to	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of tesidence in city or town where death occurredyrs,mos.	ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Millie Scott	
(a) Residence: No. Shipme I tagk to	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
If married, widowed, or divorced HUSBANO of (or) WIFE of Patrick C Scott	22. I HEREBY CERTIFY. That I attended deceased from 10,1932 to 2007 18,1932
DATE OF BIRTH (month, day, and year)	I last saw h w alive on 2007 17 1932 death is said
. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 10.2.m.
6 5 — 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. done.te.	chronic parenchymatono pulm-
9. Industry or business in which work was done, as SILK MtLL, home which, SAW MILL, BANK, atc.	
10. Date deceasad last worked at this occupation (month and 1927 spant in this occupation 30 year)	
2. BIRTHPLACE (city or town) Prangland, (State or country)	Other Contributory Canses of Importance:
13, NAME	I mi rate for the to day
14. BIRTHPLACE (city or town)	Name of operation Osta of
15. MAIOEN NAME wish www	What test confirmed diagnosis? Was there an autopsy? 23. If death was dua to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
7. INFORMANT Patrick & Scott (Address) Alenhout House	Where did injury occur? (Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION OR REMOVAL Place Washingstand & Oate From 18, 1932	Manner of Injury
9. UNOERTAKER Jahn. Stewart. (Address) 30- Ff 36 90 7	24. Was disease or injury in any way related to occupation of deceased?
14. 16 42 Trad 1 019. of el	(Signed) 3 /2 /2 /2 / M D

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Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULLIAU T. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

BIND

FOR

MARGIN RESERVED

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 6 1032			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

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Example I	EDE	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis DEC 3 19	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	9921	Run over by street car	1 wcek ago
Cerebral hemorrhage BURL	July 5,1927	Peritonitis	3 days ago
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

the same	

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	ARTEARD	S 2	5814
County Or Teo		Registration Dist. No. 3	3
Village or City Length of residence in city or town where death occurry	***	No. St., death occurred in a hospital or institution, give its NAME instead of street and n	
2. FULL NAME Herhert H	over So	neth	
(a) Residence: No. (Usua	al place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male Calaus 5. SINGLI	E, MARRIED, WIDOWED, WORCED (write the word)	21. DATE OF DEATH 7 2 2 (Month) (Day)	, 193 2 (Year)
5a. If merried, widowed, or divorced HU3BAND of (or) WIFE of		22. IMEREBY CERTIFY., That I attanded	deceased from
6. DATE OF BIRTH (month, day, and year)	15-1927	I last saw have elive on 1932	; death is said
7. AGE Years Months De	ys If LESS than 1 day,hrs. ormin.	to heve occurred on the dete stated ebove, et (2) Pm. The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:	Qate of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	nl	Acute articular Rheumoticus	
SAW MILL, BANK, atc	Total time (years) spant in this occupation		
12. BIRTHPLACE (city or town) 1. Daniel (Stete or country) 1. Mad		Other Contributory Causes of importance:	
II 13. NAME James Somi	16		-
13. NAME Ames 8 miles 14. BIRTHPLACE (city or town) 19 mg		Neme of operetion Date of What tast confirmed diegnosis? Was there an a	utopsy?
15. MAIDEN NAME May Berry 16. BIRTHPLACE (city or town) Othershead Ind.		23. If death was due to external causes (VIDLENCE) fill in also the following Accident, suicide, or homicide?	
16. BIRTHPLACE (city or town) Thursday (Stete or country) 17. INFORMANT DOWN (Address)	este	Where did injury occur?(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Oate O	70024,1932	Menner of injury	
19. UNDERTAKER James Toron, 1 (Address) Coom, 1	nd nd garner	24. Was disease or Injury In eny way related to occupation of deceased? If so, specify (Signed) Williams A. J.	M. D
20. FILEO / 10 - 2 . 19.2 CM	Paris	(Address) Groom md1	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I	60 to 100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 14403
1. PLACE OF DEATH	<u></u>
County Triple Louges	Registration Dist. No. 245
	No. 9 — Collage Strack St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsm	los ds. How long in U. S. If of foreign birth?
2. FULL NAME Clisson May Space	th
(a) Residence: No. Cattage Tests m. (Usual place of gloode)	L St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
Sa. If married, widowed, or divorced	
HUSBAND of John: Shaeth	22. I HEREBY CERTIFY, That I attended deceased fro
5. DATE OF BIRTH (month, day, and year) May 18 1866	I last fay hell alive on Get 29, 1932, death is sa
AGE Years Months Days If LESS than	to have occurred on the date stated above, at9_25 m.
66 5- 18 1 day,hr	were as follows:
8 Trade profession or particular	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	19 celoral almorphospet ?
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MilL, SAW MILL, BANK, etc. It Date deceased last worked at this occupation (month and	1/3
SAW MILL, BANK, etc	
11. Total time (years) spent in this occupation (month and year)	V
	Other Contributory Carres of importance:
2. BIRTHPLACE (city or town) (State or country)	player 10 g
	Arterio - Scherocio 10 4
	71000
(State or country)	Name of operation.
	What test confirmed diagnosis?
William Office May - Nince	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Clear May - Meste 16. BIRTHPLACE (city or town) (State or country) Thomas &	Accident, suicide, or homicide?
Mu II. P.	(Specify city or town, county and State)
7. INFORMANT CADINA CADE USAGE (Address) # Q - Colling Cade usage)	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Extensived Country	Manner of injury
Place Tancoster Pa Date Mor 15 , 193:	
Oto Haral & Tour	24. Was disease or Injury In any way related to occupation of deceased?
19. UNDERTAKER Describer M. d.	If so, specify
Mac 11 M 22 m A 2000	(Signed) To Drasall M.
20. FILED 110 U 19 20 1 1 Mo t ao s 2 1 Ten	(Address) 832-Kal Rd - Waihhi
If more blanks are needed, address State Registre	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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The principal cause of death and related causes of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DEC # 1092	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	PETERAL V.	July 5,1927	Peritonitis	3 days ago	
	The state of the s				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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1. PLACE OF DEATH	
County Pruses Genges	Registration Dist. No. 230
Village or City Cally Park	NoSt Ward
(If Length of residence in city or town where death occurredyrs. 9mos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Plystle Way Suis	4
(a) Residence: No.	Ch Word
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Say) (Year)
5a. If married, widowed, or divorced HUSBAND of	(130)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from A structure 13 2, 10. Market 24, 193 2.
6. DATE OF BIRTH (month, day, and year) Willell 1.1932	I last saw h. 21 alive on Resulted 29 , 193 2 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$20 P.m.
- 8 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Gulatinal Obstructus Bata planset
Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
sine constraint (month and	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town). Oracle Le Va.	
(State or country)	
14. BIRTHPLACE (city or town) Brungs, wed.	
(State or country)	Name of operation
	What test confirmed diagnosis? Was there an autops 42
15. MAIDEN NAME Revelence At. Reghlauder 16. BIRTHPLACE (city or town) Orange, Va.	23. If death was due to external causes (VIDLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
31-111 8 - 1	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Vrange Co Va Date Dec: 1 1932	Nature of Injury
19. UNDERTAKER & Sarche Sour	24. Was disease or Injury In any way related to occupation of deceased
(Address) Sefattrille md	If so, specify
20. FILED NW 30 4, 19 32 John & Smith Registrar.	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation,

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July5,1927	1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. Mo.

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STATE OF MARYLA	AND—CERTIFICATE OF DEATH 12208
Village or City	Registration Dist. No. 239 No. No. No. Ward (If death occurred in a horpital or institution, give its NAME instead a street and number) mos. ds. How long In U. S. if of foreign birth? wrs. mos. ds.
2. FULL NAME Carrie To Care (a) Residence: No. Corrier (Usual place of abode)	St. Ward.
PERSONAL AND STATISTICAL PARTICULA	ARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W OR DIVORCED (write)	
7. AGE Years Menths Days If L	22. I HEREBY CERTIFY. That I attended deceased from 2-11, 1938, to 1932 death is said to have occurred on the data stated above, at 5 9 m. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset Chomac Any causes Orisis
14. BIRTHPLACE (city or town) — Ja	Name of operation Date of 1920 What test confirmed diagnosis? Was there an autopsy? 320
15. MAIOEN NAME Falir Crum. 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BUBLAC, CREMATION, OR PEMOYAN P. A. C.	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
Place Washingt Male D. 19 HNOFRTAKER STOKE	24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

sheare Registrar.

If so, specify

(Signed)

(Address)

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Example I	distance of the second	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run aver by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
No. 1				
Other contributory causes of importance:		Other contributory eauscs of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.	AI	V
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MARGIN RESERVED FOR BINDIN

should state

ì	-	S	p	Cel
1	HIS	he	pe	je
į	-WRITE PLAINLY, WITH UNFADING INK-THIS IS	mation should be carefully supplied. AGE should be st	CAUSE OF DEATH in plain terms, so that it may be pi	TION is very important. See instructions on back of cer
	Z	Sh	ij	no
	707	AGE	that	опѕ
1	V D D	d.	98 ,	ructi
	Z	pplie	erms	insti
	H	lns !	ain t	See
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	ı,	care	TH i	orta
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1	PL	pinoi)FI	very
		n sh	E (18
	YRI	atio	AUS	NO
1	1	E	C	E

N. B.—WRITI mation

1. PLACE OF DEATH		<u> </u>
County Paince Te	eorges	Registration Dist. No. 2
Village or City M. Bran		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where d	leath occurredyrsmos	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Infant	· uman	ed Wallace
(a) Residence: No. 114 R. L	(Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of		22, 1 HEREBY CERTIFY. That I attended deceased from
(or) WIFE of		nor 6 1932 to Nor 6 1932
6. DATE OF BIRTH (month, day, and year) 22	ov. 6, 1932	I last saw h
7. AGE Years Months	Days II LESS than 1 day, hrs.	to have occurred on the date stated above, at 7.03 Am.
0 0	or_o_min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as 100 years. Date of once t
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	11. Total time (years) spent in this occupation entimod feer lee . Maelese	Other Contributor Causes of Importance: Name of operation
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER	Pallece. Date	Accident, suicide, or homlcide?
(Address) 20. FILED MOV. T , 19.32. M	no Jacoberere	(Signed) William M. Spill M. D. (Address) 108 R. J. ave, W. Brackway, M. D.

If more blanks are needed, address that Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	e de la companya de l	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis - 5	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
00				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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S	TATE O	F MAR'	YLAND-	CERTIFICATE OF DEATH	2210
1. PLACE OF DEA	ТН	0.		(159)	- ~
County Pri	uce	Leon	r ES	Registration Dist. No. 2	3 %
Village or City (Lut	2 10	80	No. St.,	Ward
Length of residence in c	ity or town where de	eath occurred	yrs,mos.	death occurred in a hospital or institution, give its NAME instead of street an	
2. FULL NAME	charel a	Z miss	cais M	alson.	
(a) Residence: No.	Chul	n &	0	St Ward.	
` '		(Usual place		lf nonresident give city or town a	nd State
PERSONAL AN	ID STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLO	OR OR RACE	5. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED, (write the word)	21. DATE OF DEATH (Month) (Dey)	
5a. If married, widowed, or dive HUSBAND of (or) WIFE of	orced	-		22. I HEREBY CERTIFY, Thet lattendo	
			1 2 1	, 19, to	, 19
6. DATE OF BIRTH (month, da				liast saw had alive on March 199	death is seid
7. AGE Yeers	Months	Days	If LESS than I dey,hrs. ormin.	to have occurred on the date stated above, and the minimum. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or p kind of work done, SAWYER, BOOKKE	articular ac SPINNER			A 1 - 1	Date of onset
				Premalure berth	
9. Industry or business in work wes done, es SAW MILL, BANK,	n which SILK MILL,				
10. Dato deceased last wo this occupetion (mo year)	rked at	11. Total ti sper occu	me (years) ht in this pation		
12. BIRTHPLACE (city or town)	Clu	Con		Other Contributory Causes of importence:	
(State or country)	10	200	1		
13. NAME JOSE	ple &	Slew	arr		***
14. BIRTHPLACE (city or to	own) ban	6.0	6	Name of operation Dete of	
(State or country)		.)/	10	What test confirmed diegnosis? Wes there a	n eutopsy?
I 15. MAIDEN NAME	unger	e wa	con	23. If death was due to external causes (VIOLENCE) fill in elso the follow	
16. BIRTHPLACE (city or to	own) U.M.	shau	ceosalle	Accident, suicide, or homicide? Dete of injury	, 19
17. INFORMANT MEC	erie)	vils	on	Where did Injury occur?	itate) PLACE.
(Address) 18. BURIAL, CREMATION, OR	REMOVAL 2	1	79		
Plan Plan	Quelow;	Date ///	18 1932	Manner of injury	
19. UNDERTAKER MATA	is Hos	ly y		24. Wes disease or injury in any wey related to occupation of deceesed?	
(Address) & Le	ulong	Take		If so, specify	
20. FILED 11/17,	1032 ley	OThe	Registrar.	(Signed) January Source	M. D.
					# / DT

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. (

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	[1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Peritonitis	3 days ago
		DEC 0 7835	N N
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car.	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis O	3 days ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastraenteritis	1 year
		To the second	
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